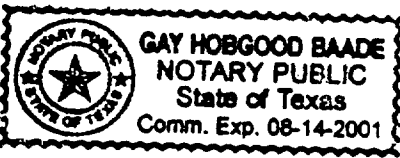
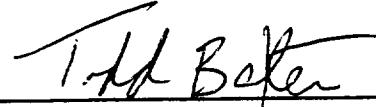


CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT#		2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE <div style="display: flex; justify-content: space-between;"> MR. FIRST TODD MI A </div> <hr/> NICKNAME <div style="display: flex; justify-content: space-between;"> LAST BAXTER SUFFIX </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED JUL 21 11 34 AM '98 CLERK OF COURTS TRAVIS COUNTY TEXAS </div>	
4 ORIGINAL REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final report </div> </div>		
5 ORIGINAL PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 4 / 5 / 98 </div> <div>THROUGH</div> <div> Month Day Year 6 / 30 / 98 </div> </div>		
6 EXPLANATION OF CORRECTION	Corrected computation of an in-kind contribution value, and corresponding change to contribution total.		
7 AFFIDAVIT		I swear, or affirm, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, that I did not intend to violate a reporting requirement when I filed the original report.	
<div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>		<div style="text-align: center;">  Signature of Candidate or Officeholder </div>	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me by <u>Todd Baxter</u> this the <u>17th</u> day of <u>July</u> , 19 <u>98</u> , to certify which, witness my hand and seal of office.			
<u>Gay Hobgood Baude</u> <small>Signature of officer administering oath</small>		<u>Gay Hobgood Baude</u> <u>Notary Public</u> <small>Print name of officer administering oath Title of officer administering oath</small>	
Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections			



CORRECTING FORM C/OH

CANDIDATE/OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

A filer who submits a corrected report after the filing deadline for the report is subject to a late fine if material information was left out of the original report. Nonetheless, the Ethics Commission will not impose a late fine on a filer who submits a corrected report (other than one correcting a report due 8 days before an election) if the filer completes this form and signs the "good-faith" affidavit.

***IMPORTANT:** Completing this form does not allow you to avoid a late fine in connection with a report due 8 days before an election. Also, the fine for a late "8-day" report is the standard \$100 fine plus the greater of \$100 for each day the report is late or 10% of the contributions that were not timely reported (up to a maximum \$10,000 fine). If you seek a fine waiver for a late "8-day" report, the Ethics Commission must consider each case individually.*

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any parts of Form C/OH (Candidate/Officeholder Report of Contributions, Expenditures, and Loans) needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.)

7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME**TODD BAXTER**15 ACCOUNT # (Ethics Commission files)****16 SUPPORTING
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,296.50

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____

19 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Print name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>TODD BAXTER</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/5/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Jeff Maddux</i>	7 Amount of contribution (\$) <i>\$ 416.50</i>	8 In-kind contribution description(if applicable) <i>Billbd.</i>
6 Contributor address; City; State; Zip Code <i>12707 HWY 71 W Austin, TX 78736-1225</i>			
9 Principal occupation		10 Employer (optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

